

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533765

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16	1					
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	1					
27	1					
28	1					
29		1				
30	1					
31	1					
32		3				
33		3				
34						
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46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	36					
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						